

AO 440 (Rev. 12/09) Summons in a Civil Action

Summons and Complaint Return of Service

Case No. 11-12753

Hon. Bernard A. Friedman

A copy of the Summons and Complaint has been served in the manner indicated below:

Name of Party Served: Mermaid Music, LLC

Date of Service:

7/1/2011**Method of Service**☐ Personally served at this address:

☐ Left copies at the usual place of abode with (name of person):

☒ Other (specify):Served via certified mail to registered agent: CPA Jeff Gullman at
Gelland, Bennett & Feldman 1880 Century Park E #1600, Los Angeles, CA
90067. (Return receipt attached)☐ Returned unexecuted (reason):

Service Fees: Travel \$ 0 Service \$ 0 Total \$ 0**Declaration of Server**

I declare under the penalty of perjury that the information contained in this Return of Service is true and correct.

Name of Server:

Meaghan Shuman

Signature of Server:

Meaghan M. Shuman

Date:

7/6/2011

Server's Address:

24100 Southfield Rd., Ste. 305
Southfield, MI 48076

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature X <i>M. H. H.</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Mermaid Music, LLC, c/o Gelfand, Rennert & Feldman, CPA Jeff Gelfand 1880 Century Park E, #1600 LOS Angeles, CA 90067		B. Received by (Printed Name) <i>Marin H. H.</i>	C. Date of Delivery <i>7/1/11</i>
2. Article Number (Transfer from ser) 7010 2780 0002 8990 9765		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540			